



MIAMI TOWNSHIP FIRE & EMS

CLERMONT COUNTY, OHIO

PEDIATRIC PROTOCOLS



VENTRICULAR FIBRILLATION AND VENTRICULAR TACHYCARDIA WITHOUT PULSES

Historical Finding

1. Age is less than or equal to 15 years.
2. Patient is unconscious.

Physical Findings

1. Patient is apneic.
2. Patient has no pulses.

EKG Findings

1. Ventricular fibrillation or ventricular tachycardia without pulse.

Protocol

1. Begin CPR and bag-valve-mask (BVM) ventilation.
2. Apply quick look with paddles if not already monitored.
3. If rhythm is ventricular fibrillation or ventricular tachycardia without pulses, defibrillate immediately at 2 joules/kg (max 200 J).
4. Immediately resume CPR for 2 minutes or 5 cycles
5. Check cardiac rhythm. If PEA or asystole, use appropriate protocol.
6. If ventricular fibrillation or ventricular tachycardia without pulses, resume CPR immediately while preparing to deliver shock.
7. Defibrillation at 4 J/kg (max 360 J) and resume CPR immediately.
8. Consider intubation.
9. Establish IO or vascular access. IO is indicated if unable to obtain IV within 90 seconds. Use normal saline at keep open rate.



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10. Administer epinephrine 1:10,000 at 0.1 mL/kg IV/IO. If IV or IO is unattainable, give epinephrine 1:1000 at 0.1 mL/kg via ET (maximum dose 5 mL). Repeat epinephrine every 3 to 5 minutes, and follow each dose with 2 minutes of CPR or 5 cycles.
11. Check cardiac rhythm. If PEA or asystole, use appropriate protocol.
12. If ventricular fibrillation or ventricular tachycardia without pulses, resume CPR immediately while preparing to deliver shock.
13. Defibrillate at 4 J/kg (maximum 360 joules), then resume CPR immediately.
14. Administer amiodarone 5 mg/kg (max 300 mg) IV/IO push then resume CPR immediately.
15. If no change, give lidocaine 1 mg/kg IV/IO push then resume CPR immediately, contact medical control, and go back to step 4.
16. Transport to closest appropriate facility